

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
UTILITY PATENT APPLICATION TRANSMITTAL

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: Hobot et al.

Title: GUIDE CATHETER

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Box Patent Application, Commissioner of Patents, Washington, D.C. 20231, "EXPRESS No. EV 019 707 229 US, on this 12th day of December, 2001.

Sue McCoy

Printed Name

Signature

J102114 S PRO  
10/01614

12/12/01

Commissioner for Patents  
**BOX PATENT APPLICATION**  
Washington, D.C. 20231

Sir:

We are transmitting herewith the attached:

 Patent Application Transmittal Specification:Total pages: 11 (including claims and abstract: Spec. 7 sheets; Claims 3 sheets; Abstract 1) Drawings:Total sheets: 4 formal  informal Combined Declaration and Power of Attorney:

- executed
- copy from prior application
- Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))
- Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*

 Accompanying application parts:

- Notification of filing a
- Assignment of the Invention to Medtronic, Inc.
- Assignment cover sheet
- Information Disclosure Statement
- PTO Form 1449
- Copies of IDS citations
- Preliminary Amendment
- A copy of the Petition or Conditional Petition for Extension of Time in the prior application.
- Return Postcard

**IF A CONTINUING APPLICATION:**

- Continuation  Divisional  Continuation-in-part (CIP)  
of prior application No. 1.
- Amend the specification by inserting before the first line the sentence: This application is a  continuation  
 division  continuation in part of application number \_\_\_\_\_, filed \_\_\_\_\_.
- Cancel in this application original claims \_\_\_\_\_ of the prior application before calculating the filing fee.  
(At least the original independent claim must be retained for filing purposes.)
- The prior application is assigned of record to Medtronic, Inc.
- The Power of Attorney in the prior application is to: \_\_\_\_\_.

This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) \_\_\_\_\_, filed \_\_\_\_\_.

Address all future correspondence to: Girma Wolde-Michael, Reg. No. 36,724  
**Medtronic, Inc.**, MS 301  
 710 Medtronic Parkway  
 Mailstop LC340  
 Minneapolis, Minnesota 55432  
 Telephone: (763) 514-6402  
 Facsimile: (763) 505-2530

FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	19	20	= 0	x 18	0
Independent Claims	2	3	= 0	x 84	0
Multiple Dependent Claims	0		0	+ 280	0
Basic Filing Fee					\$740.00
				TOTAL	<b>740.00</b>

Charge Deposit Account No. 13-2546 the amount of \$740.00 and \$40.00 for the assignment recordation fee for a **TOTAL OF \$780.00**.

The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

*Girma Wolde-Michael*

Girma Wolde-Michael, Reg. No. 36,724  
 MEDTRONIC, INC.  
 7000 Central Avenue N.E.  
 Minneapolis, Minnesota 55432  
 Telephone: (763) 514-6402

*12/12/01*  
 Date